

PROGRAM IN PARTNERSHIP PLAN-PIPP

Date of Plan: 5-24-16

Region: NE

County: Fond du Lac

County Administration: Geri Vanevenhoven

Program Supervisor/Coordinator: Diane Fett

RESource support person: René Forsythe

Contract Provider(s): The county provides program administration, service coordination, special instruction, and contracts with a number of private agencies for other early intervention services.

Participants/title in plan development: Diane Fett, Becky Hoffman, Tanya Morgan, Heather Reilley, Katie Hall, René Forsythe.

What is your program philosophy and core values (service delivery model, etc) and how are decisions made using them? What practices support them?

The Fond du Lac County Birth to 3 Program has adopted the following mission and key principles. These compliment the state systemic improvement plan as well as Wisconsin's guiding principles and mission statement.

Workgroup on Principles and Practices in Natural Environments

◆ OSEP TA Community of Practice- Part C Settings ◆

MISSION

Part C early intervention builds upon and provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.

KEY PRINCIPLES

1. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
2. All families, with the necessary supports and resources, can enhance their children's learning and development.
3. The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives.

4. The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child's and family members' preferences, learning styles and cultural beliefs.
5. IFSP outcomes must be functional and based on children's and families' needs and family-identified priorities.
6. The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

What is going well, what are you excited about, what are you proud of since our last PIPP?

- Full staff that is self reflective and always looking for ways to improve and develop professionally.
- Team members have confidence in each other and their abilities. The team always strives to do things to the best of their ability; there is a commitment to excellence in all aspects of the program.
- Strong relationships among team members; a true sense of team. Families can sense the positive relationships during IFSP meetings and joint visits.
- Team addresses tough parent issues in addition to child and family trauma; team members in turn support one another. Teaming allows all members to step into the challenges families face and determine how to provide effective support.
- Role of interventionist has changed over time as to meet the needs of families and reflect the most up to date research; have met the challenge of changing to best serve families. This expertise is reflected throughout the IFSP as well as the child's capacity and potential identified.
- The team is able to implement research based practices and core concepts along with managing all program requirements.

Taken from 2016 Self Assessment Summary:

Accomplishments: The Program has identified the following accomplishments in the areas of Community Involvement, Training, Child Find, and Improving Practice:

Community Involvement

The Fond du Lac County Birth to 3 Program identified many accomplishments in the area of community involvement throughout 2015. Most noteworthy is our increased involvement with child welfare, community programs and our court system. Birth to 3 Program Staff continue to be visible and knowledgeable members in the Fond du Lac community and often share expertise in order to strengthen community responsiveness to children and families.

Birth to 3 Staff have again provided sessions on the *Effects of Anger on Children* for court-ordered anger management groups at the Department of Community Programs. This presentation keeps getting better and is well received. In addition, staff are working alongside treatment providers through consultation in order to develop intervention strategies based on the characteristics of parents undergoing court ordered evaluations. These opportunities have served as a guide in connecting with parents who have endured complex trauma and has helped create effective intervention strategies based on their unique needs. These opportunities have proven to be mutually beneficial to both treatment specialists and staff. Staff are working to infuse knowledge of trauma informed care to help families.

Staff also participated in teaching classes based on the science of brain development and attachment in partnership with the Fond du Lac County Family Court and the University of Wisconsin-Fond du Lac County Extension Office for parents of young children who are co-parenting. Staff also gave a presentation to NAMI on social-emotional development at Mary Linsmeier Child Care.

Birth to 3 Staff continue to be engaged in many local efforts including SPROUT (Supporting Positive Relationships so Our children Under 6 can Thrive), the Head Start Health Advisory Committee, the Long Term Policy Advisory Committee to the Wisconsin County Human Services Association (WCHSA), our Birth to 3 Network and Transition Partner Meeting, the Fond du Lac County Child Death Review Committee, and the Harm Reduction Pillar for addressing the Heroin Crisis in our community.

Child Find

In 2015, we continued the use of the commercially produced Public Service Announcement which aired on the local cable channels targeted at families with young children. Our data suggests that the program is within expectations for numbers of children served. The Program sent a Physician Packet to the Informed Referral Network members which includes Referral Forms and other articles of interest. Dr. Daisy Santa continues in her role as our Physician Liaison.

Improving Practice

The Birth to 3 Program is constantly refining its practice by revising forms, letters, and creating protocols that are responsive to the needs of children and families. This is the greatest strength of the program. It is constantly striving to be better. Every team member is vested not only in the model but also in each other.

The Program was challenged with 3 maternity leaves and a medical leave in 2015. We also had a change in a Speech Therapist. Children and families continue to be well served as evident by the positive program evaluations returned from families. These challenges provided opportunities to reflect on our practice and to revise our approaches as needed.

Tanya Morgan is now a Cooperating Teacher at UW - Oshkosh.

Birth to 3 staff have also helped the Fond du Lac School District and other districts with transitions and their Child Development Days. The school districts express that they appreciate the Primary Coach Approach to Teaming and coaching interactions with families.

What professional or program development activities have you or your staff participated in since our last PIPP (eg, journal articles, WISLINE, data discussions, conferences, team discussions)?

Training

Birth to 3 Staff participated in Motivational Interviewing Training, Street Drugs of Abuse/Home Visitors, Trauma Informed Care-Besser Vandekolk, and Why Do They Act That Way – Understanding Addiction.

One of the greatest strengths and source of pride for the Program is the commitment to developing strong practice skills and expertise.

DHS 90/Indicator Check Point:

In December 2015, Fond du Lac County received formal notice that the Fond du Lac County Birth to 3 Program again meets federal compliance for all indicators. Fond du Lac County has always been in compliance historically.

The Self Assessment File Review generated the following questions/comments:

- Changes made to start access log at first referral.
- Demographics – race and ethnicity is collected on referral form. We also ask families “how do you identify yourself”?
- We include a complete access log list in every child’s file.
- Quarterly update – include copies of outcomes to discuss intentionally.
- Will revisit Routine Based Interviewing.
- Used to have “living room” people, but now is the “whole house.”
- Need final leadership from State on records policy/keep or destroy records.
- Initials on IFSP? Per State, aware of all services child is receiving. Are updating our “services page”.
- OSEP date is not the date of IFSP.

Existing Findings of Non Compliance or Corrective Action Plans:

NA

Outcome # 1

Desired outcome:

The Fond du Lac County Birth to 3 Program will implement an on-going child and family assessment process that supports parents in understanding their child’s development, develop IFSPs, plan for intervention and support the OSEP Child Outcome rating process.

Finding of Non Compliance:

Enhancement: x

What is currently influencing or impacting this outcome?

- Have purchased the Portage Guide 3 and have been experimenting with the tool with existing families. At this point, have found the Portage Guide 3 to be functional and a nice starting point for talking to families about their child’s development.
- Would like to look through the lens of the “whole child” when conducting on-going assessment.
- Would like to engage all team members more fully in the child outcome rating process.
- Want on-going assessment to be meaningful for families in understanding where there child is functioning and how best to support next steps.
- Want to be good partners with schools that will be using a new web application to document ratings; identifying key evidence to support ratings will be crucial to this process.
- The current process of determining child outcomes is taking up a lot of meeting time from team meetings. Will continue to use brochure that explains CO process. Consider using it with the RBI.

How are you going to specifically go about addressing this outcome? Who will be responsible and when will it be accomplished?

- Continue to get familiar with the Portage Guide 3 and experimenting with families. Implement the Portage Guide 3 at different parts of the process to determine how best to incorporate into existing practices. Consider which team members might complete the tool with families.
- Review the crosswalk and cue into the elements of the tool that support the child outcome rating process
<http://www.collaboratingpartners.com/documents/PortageGuide3ChildOutcomesCrossWalkInfantToddler.pdf>

Utilize results from the Portage Guide 3 and crosswalk to age anchor child’s functioning and determine if they are at age expected, immediate foundational or foundational with regard to each outcome area. This information will support the rating process.

- Use the Child Outcome Prep Tool to summarize key evidence used to support ratings. Bucket list and decision tree will continue to be used to determine ratings.
- In Fall of 2016 have a team training/facilitated discussion that supports all of child and family assessment practices (both RBI and Portage Guide 3). Work with RESource to consider possible options using all that has been learned from experimenting with the Portage Guide 3.

What resources, information or support do you need to reach this outcome?

Training/facilitated conversation relating to child and family assessment (see above). Continued practice with using the Portage Guide 3.

How will you know when this outcome is accomplished? (How will program processes/systems look different?)

- Families will have a good understanding of their child's functioning (shown through their participation at IFSP meeting).
- Solid, quality child outcome ratings will be determined.
- Good partnerships with LEAs on the exit/entry rating process along with ratings that align.

Outcome # 2

Desired outcome:

The Fond du Lac County Birth to 3 Program will develop knowledge of autism service providers in the area and how best to support families that are accessing these services.

Finding of Non Compliance:

Enhancement: x

What is currently influencing or impacting this outcome?

Autism services have become a “card service” instead of accessed through the waiver. There will no longer be waitlists and children may receive autism services earlier therefore impacting more of the children enrolled in the Birth to 3 Program. Have already taken opportunities to meet with the Treffert Center/Beyond Boundaries in Spring of 2016 but would like to reach out to others in order to best partner to support families.

How are you going to specifically go about addressing this outcome? Who will be responsible and when will it be accomplished?

- Review Medicaid updates to better understand how the rollout process will continue throughout the year and what autism services are covered.
- Continue conversations with CLTS team to stay connected to what families are experiencing through this transition.
- Have Robyn Albright and Kristen Meyer from Integrated Development Services (IDS) participate in and present at the Fall 2016 Networking Meeting.
- Revisit all possible avenues that families might access Medical Assistance (especially Katie Beckett). Entire team needs to be updated as primary providers are having to answer these questions regularly.

What resources, information or support do you need to reach this outcome?

Information from autism provider agencies as to how they support families enrolled within the Birth to 3 Program. Additional information on autism card services and all ways these could be assessed by families.

How will you know when this outcome is accomplished? (How will program processes/systems look different?)

- Partner well with area autism service providers on behalf of families.
- Support families in accessing Medicaid and autism services when appropriate.

Outcome # 3

Desired outcome:

The Fond du Lac County Birth to 3 Team will build capacity in trauma informed parenting and apply to intervention with families.

Finding of Non Compliance:

Enhancement: x

What is currently influencing or impacting this outcome?

Families are presenting with more complex needs and increased traumatic experiences. The Fond du Lac County Birth to 3 Program is committed to supporting all families with relevant and effective interventions and services.

How are you going to specifically go about addressing this outcome? Who will be responsible and when will it be accomplished?

- Access continued training on trauma (Trauma Informed Parenting) and apply to interventions with families.
- Strengthen relationships with child welfare and DSS to better support families. Continue to partner with coordinating CAPTA referrals.
- With the newer alternative response team, create process for determining when a Birth to Program referral is appropriate if not to the level of a substantiated case of abuse or neglect.
- Be able to identify the effects of trauma in infants and young children and how to best support the family's social emotional functioning.
- Care for selves and team members in the process caring for families through teaming, mindfulness, and reflective supervision.

What resources, information or support do you need to reach this outcome?

Continued training on effects of trauma. Partnerships with child welfare and DSS.

How will you know when this outcome is accomplished? (How will program processes/systems look different?)

- Appropriate referrals will be made to the Birth to 3 Program.
- The team will be equipped to identify needs and support families.

**How will your county administration be involved in/informed of your PIPP?
What information or supports are needed from your county administration to
complete the PIPP outcomes?**

Geri will be given a copy of the PIPP to review and discuss as appropriate. The PIPP will be shared with the Department of Community Programs Board. It will be posted on the Fond du Lac County website under Birth to 3 Program. In addition, the PIPP will be shared with the Birth to 3 Early Childhood Network at the October meeting.

Approved by: _____ Diane Fett _____

signature _____ or e-mail X _____